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MEMORANDUM

PUBLIC MEETING VANDERBILT UNIVERSITY, NASHVILLE TN

JULY 17, 2012

The following is a draft of summary notes from the hearing. Please note that in some cases we were unable to fully identify the individual or locate their name on the sign-in sheet, there may be errors in our recording of their names.

Presiding: Commissioner Julie McPeak

Approximately 69 in attendance.

Introduction: Commissioner McPeak

1) Joseph Interrante- AIDS coalition, submitted written comments.

- Concerned comparison chart does not provide detailed enough information on extent of comprehensive care.
- Package should include drugs on the NIH list, specifically those used in combination therapy. At least 2 per class, new viral HIV drugs and those Medicare Part D accepted drugs.
- Access to ambulatory services, access to HIV experts, disease management, including community based mental health services consistent with parity law.
- Lab tests every 3-6 months
- Prevention services on A and B list
- Counseling for domestic violence.
- Prohibit excessive pre-authorization or utilization review limiting access to benefits.
- Prohibit substitution across categories.

2) Caryn Tamber-Rosenau- Student at Vanderbilt, also submitted written comments.

- coverage of infertility services not available in Tennessee but are available in surrounding states.

3) Terri Crutcher- Tennessee Primary Care Association

- Access to primary care, preventative drugs and specialty care.

4) Bill Leech- Cumberland Heights Foundation

- Described extent (650,000) of those with alcoholism, drug addiction.
- Include mental health services during all stages of treatment.
- Include outpatient, residential, sub- acute care, case management.
- There is a need to re-examine outdated definition and criteria for medical necessity. There is also great variation among plans that should be taken into consideration.
- Concerned that insurance companies use too many different plans.

5) Chris Coleman- Tennessee Justice Center (unable to locate on sign-in sheet)

- Include hearing aids for children, believes it is covered as it was enacted before 12/31/2011

6) Ms. Diel- NAMI

- Parity legislation applies so benefits must be included.
- Prefers the FEHBP BCBS benefits in this area.
- Prefers Medicare Part D pharmacy benefits, wants to be sure anti psychotics and anti-depressants included in coverage.

7) Mary Goldsmith- Solo practicing attorney, National MS Society, MS patient

- 9,000 patients in Tennessee along with caregivers, 5-10% uninsured.
- State plans should cover MS but does not.
- Wants neurology, MS specialists, MS medications including those meds that manage symptoms.
- Personal care assistance, home call, PT, OT, speech therapy.
- Caps on any of the above should be prohibited.

Recommendation: Use State employee plan as benchmark.

8) Courtney Jenkins- Disability Coalition (could not locate on sign-in sheet)

- Concerned about not retaining mandate for hearing aids for children

9) Tom Moskal- Project Manager health care

- Will comments submitted be made public? Will responses be given and published?

Commissioner McPeak response: At this time we are only accepting comments not providing individual answers (intake) given short time frame before a decision is made.

10) Tamala Bradham- TAASLP/TAA

- Maintain mandate for hearing aids.
- Names a number of sources for information on hearing aids and cost effectiveness.
- Notes study done indicating coverage of children's hearing aids results in an additional cost of 1 cent per person insured.

Commissioner McPeak response: We can and will post comments on website.

11) Diana Page- LWV

- Concerned about drug use in state.
- The benefit comparison chart notes off label use of drugs. Concerned about encouraging over use.

Commissioner McPeak response: This is a real issue, there has been some legislation and we will carefully review the formulary in any benchmark plan.